



Department of Medical Assistance Services
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MEDICAID MEMO

TO: All Outpatient Psychiatric, Outpatient Rehabilitation [including Comprehensive Outpatient Rehabilitation (CORF)], Durable Medical Equipment (DME), Orthotic, Private Duty Nursing, EPSDT Hearing Aid Providers, Audiologists, Home Health, Physicians, Non-Emergency MRI, PET, and CAT Scan, Chiropractic, Prosthetics, Inpatient Acute, Inpatient Psychiatric, and Inpatient Rehabilitation, Treatment Foster Care Case Management, Psychiatric Residential Treatment Facilities, Community Based Residential Services for Children and Adolescent Under Age 21 (Level A Group Homes), Therapeutic Behavioral Services (Level B Group Homes), Community Mental Health Rehabilitation Services (CMHRS), Home and Community Based Care Waiver, Specialized Care, Long Stay Hospital, Alzheimer's Assisted Living Waiver, Community Services' Boards, and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 9/26/2012

SUBJECT: Contract Award for Service Authorization Administrator and Upcoming Changes for November 1, 2012

The purpose of this memorandum is to inform providers that the Department of Medical Assistance Services has awarded the Services Authorization Administrator contract to Keystone Peer Review Organization (KePRO) through a competitive bidding process. The contract will commence on November 1, 2012 and is for a 4-year period, with two optional 1-year periods. The award of the contract to KePRO also ensures a seamless continuation of services to providers.

This memo will be the first of a series that will provide information and instruction to providers on the processing of service authorization (srv auth) requests through KePRO. Phone numbers and methods of submission will not change.

Traditional vs. Non-Traditional Services

There are two main groupings of services, traditional and non-traditional services. Traditional services are defined as those services that are commonly provided and authorized in the healthcare industry by commercial health plans. Non-traditional services are not usually offered by commercial health plans and may be unique to the Virginia Medicaid program.

The Department requires the use of McKesson InterQual® Criteria, with DMAS approved modifications, when available and appropriate. McKesson InterQual® Criteria is an established and nationally recognized set of clinical criteria and is used for most traditional services. When nationally standardized criteria are not available, the criteria as set forth in DMAS regulations, policies, procedures and manuals are utilized when making final determinations.

What's New for November 1, 2012

There are **several new services** that KePRO will begin reviewing effective November 1, 2012. The chart below includes a **list of these new services** that require authorization through KePRO. **Detailed information for new services will be provided in upcoming memoranda instructing providers on how to request these services.**

Non-traditional Services	PA Service type (used to request service type)	Procedure Codes	Procedure Code Definition
Waivers or Demonstration Programs	0960 Tech Waiver	RESPI (S9125, TE)	Skilled Respite Care, LPN
		RESPI (S9125, TD)	Skilled Respite Care, RN
	0980 Alzheimer's Assisted Living Waiver	T2031	Alzheimer's Assisted Living Waiver
EPSDT Specialized Services	0092 EPSDT AT/hearing Aids, Chiro, Ortho	V5014	Repair/Modification Of Hearing Aid
		V5030	Hearing Aid, Monaural, Body Worn, Air Conduction
		V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction
		V5050	Hearing Aid, Monaural, In The Ear (Ite)
		V5060	Hearing Aid, Monaural, Behind The Ear (Bte)
		V5070	Glasses, Air Conduction
		V5080	Glasses, Bone Conduction
		V5095	Semi-Implantable Middle Ear Hearing
		V5100	Hearing Aid, Bilateral, Body Worn
		V5120	Binaural, Body
		V5130	Hearing Aid, Binaural, Ite
		V5140	Hearing Aid, Binaural, Bte
		V5150	Binaural, Glasses
		V5170	Hearing Aid, Cros, In The Ear
		V5180	Hearing Aid, Cros, Behind The Ear
		V5210	Hearing Aid, Bicros, In The Ear
		V5220	Hearing Aid, Bicros, Behind The Ear
		V5242	Hearing Aid, Analog, Monaural, Cic (Completely In The Ear Canal)
		V5243	Hearing Aid, Analog, Monaural, Ite (In The Canal)
		V5244	Hearing Aid / Digitally Programmable

			Analog / Monaural / CIC
		V5245	Hearing Aid / Digitally Programmable Analog / Monaural / ITC (Canal)
		V5246	Hearing Aid / Digitally Programmable Analog / Monaural / ITE (In-the-Ear)
		V5247	Hearing Aid / Digitally Programmable Analog / Monaural / BTE (Behind-the-Ear)
		V5248	Hearing Aid, Analog, Binaural, Cic
		V5249	Hearing Aid, Analog, Binaural, Itc
		V5250	Hearing Aid / Digitally Programmable / Analog /Binaural /CIC (Completely in Canal)
		V5251	Hearing Aid / Digitally Programmable / Analog /Binaural /ITC (Canal)
		V5252	Hearing Aid / Digitally Programmable / Analog /Binaural /ITE (In-the-Ear)
		V5253	Hearing Aid / Digitally Programmable / Analog /Binaural /BTE(Behind-the_Ear)
		V5254	Hearing Aid, Digital, Monaural, Cic
		V5255	Hearing Aid, Digital, Monaural, Itc
		V5256	Hearing Aid, Digital, Monaural, Ite
		V5257	Hearing Aid, Digital Monaural Bte
		V5258	Hearing Aid, Digital, Binaural, Cic
		V5259	Hearing Aid, Digital, Binaural, Itc
		V5260	Hearing Aid, Digital, Binaural, Ite
		V5261	Hearing Aid, Digital, Binaural, Bte
		V5264	Ear Mold/ Insert, Not Disposable, Any Type
		V5266	Battery For Use In Hearing Device
		V5267	Hearing Aid Supplies
		V5273	Assistive Learning Device Cochlear Implant Type
		V5274	Assistive Learning Device (FM System)
		V5275	Ear Impression, Each
		V5298	Hearing Aid, Not Otherwise Classifi
		V5299	Hearing Service, Miscellaneous
	0092 EPSDT AT/hearing Aids, Chiro, Ortho	T5999	Assistive Technology
	0090 EPSDT Nursing	S9123	EPSDT Skilled Nursing RN
		S9124	EPSDT Skilled Nursing LPN
		G0162	EPSDT Congregate Nursing RN
		G0163	EPSDT Congregate Nursing LPN
	0091 EPSDT Personal Care	T1019	EPSDT Agency Directed Personal Care Services
		S5126	EPSDT Consumer Directed Personal Care Services
	0098 EPSDT MCO Carve Out Svcs	S9123	EPSDT Skilled Nursing RN
		S9124	EPSDT Skilled Nursing LPN

		G0162	EPSDT Congregate Nursing RN
		G0163	EPSDT Congregate Nursing LPN
Traditional Services	PA Service type (used to request service type)	Procedure Codes	Procedure Code Definition
Long Stay Hospital	1020– Long Stay Hosp/Spec Care		Long Stay Hospital
Specialized Care	1020 – Long Stay Hosp/Spec Care		Specialized Care

Requests must be submitted to KePRO for medical necessity review on and after November 1, 2012, regardless of the dates of service and prior to rendering service(s).

If the provider has an existing authorization in place that spans over November 1, 2012 the authorization will be honored. For continuation of services beyond the end date on the authorization, providers must submit a request to KePRO.

What Stays the Same at KePRO

There will be no changes on November 1, 2012 to the following services authorization request processes for the services listed in the chart below.

Non-traditional Services	PA Service type (used to request service)
Waivers	0900 Elderly or Disabled with Consumer Direction (EDCD)
	0902 Individual and Family Developmental Disabilities Waiver (DD)
	0960 Technology Assisted Waiver (TW) – AT and EM
	0909 Money Follows the Person (MFP)
Behavioral Health	0750 and 0751 - Psychiatric Residential Treatment Facility (PRTF)
	0700 - Treatment Foster Care Case Management (TFC-CM)
	0650 - Intensive In-Home Services (IIH)
	0752 - Community Based Residential Services for Children and Adolescents under age 21 (Level A)
	0753 - Therapeutic Behavioral Services (Level B)
	0650 - Psychosocial Rehab
	0650- Therapeutic Day Treatment (TDT)
	0650 - Day Treatment/Partial Hospitalization for Adults
	0650- Intensive community Treatment (ICT)
	0650 - Mental Health Support Services (MHSS)
EPSDT	0092 EPSDT Specialized Services - Chiropractic
	0092 EPSDT Specialized Services - Orthotics
Traditional Services	PA Service type (used to request service)
Inpatient Hospital Medical/Surgical Services	0400 - Inpatient Hospital Medical/Surgical Services
Intensive Inpatient Rehabilitation Services (includes out of state)	0200 - Intensive Inpatient Rehabilitation
Home Health	0500 – Home Health
Outpatient DME and Supplies	0100 – DME and Supplies
Outpatient Rehab	0204 – Outpatient Rehab
MRI/CAT/PET Scans (non-emergent)	0450 – MRI
	0451 – CAT
	0452 - PET
Prosthetics	0303 - Prosthetics
Organ Transplant Services	0300 – Organ Transplants

Surgical Procedures	0302 – Surgical Procedures
Medical Device Services/Maintenance	0304 – Medical Device Services/Maintenance
Inpatient Psychiatric and Freestanding Psychiatric Hospital Services	0401 and 0093 - Inpatient Psychiatric and Freestanding Psychiatric Hospital Services
Outpatient Psychiatric Services	0050 - Outpatient Psychiatric Services
Outpatient Substance Abuse Services	0051 - Outpatient Substance Abuse Services

General Information

Helpful information that pertains to all services, new and existing:

- There are **no** automatic renewals of service authorizations. Providers must submit requests for continuation of care needs, with supporting documentation, prior to the expiration of the current authorization. For all services providers are to send requests for member's continuation of services within two weeks prior to the existing service authorization expiration. Time frames for submitting concurrent review requests for inpatient psychiatric and intensive rehabilitation services have not changed.
- If a request is pended, the provider must submit all information timely in response to the pend for a quicker determination. Do not submit information piecemeal since the request will be reviewed and processed upon initial receipt of the pended information.
- Providers must verify member eligibility prior to submitting the request. There are several mechanisms available for providers to verify member eligibility (indicated below).
- Authorizations will not be granted for periods of member or provider ineligibility.
- There is no retroactive authorization period, except in instances of member's retroactive Medicaid eligibility.
- Providers will have their request rejected if required demographic information is missing.
- Providers must use the DMAS forms appropriate to the service(s) being requested.
- Providers should take advantage of KePRO's web based checklists/information sheets for the service(s) being requested. These sheets provide helpful information to enable providers to submit information relevant to the service(s) being requested.
- Providers must submit a service authorization request under the appropriate service type. Service authorization requests cannot be bundled under one service type if the service types are different.

Submitting Requests for Service Authorization

All submission methods through KePRO are fully compliant with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state privacy and security laws and regulations. Providers will not be charged for submission, via any media, for service authorization requests submitted to KePRO.

KePRO accepts service authorization (srv auth) requests through direct data entry (DDE), fax and phone. Submitting through DDE puts the request in the reviewer's queue immediately; faxes are entered in the reviewer's queue by the administrative staff in the order in which received. For direct data entry requests, providers must use Atrezzo Connect Provider Portal. To access Atrezzo Connect on KePRO's website, go to <http://dmas.kepro.com>.

Provider registration is required to use Atrezzo Connect. The registration process for providers happens immediately on-line. From <http://dmas.kepro.com>, providers not already registered with

Atrezzo Connect may click on “*Register*” to be prompted through the registration process. Newly registering providers will need their 10-digit National Provider Identification (NPI) number and their most recent remittance advice date for YTD 1099 amount. The Atrezzo Connect User Guide is available at <http://dmas.kepro.com>: Click on the *Training* tab, then the *General* tab.

Providers with questions about KePRO’s Atrezzo Connect Provider Portal may contact KePRO by email at atrezzoissues@kepro.com. For service authorization questions, providers may contact KePRO at providerissues@kepro.com. KePRO may also be reached by phone at 1-888-827-2884, or via fax at 1-877-OKBYFAX or 1-877-652-9329.

KePRO’s website has information related to the service authorization processes for all Medicaid programs they review. Fax forms, service authorization checklists, trainings, methods of submission and much more are on KePRO’s website. Providers may access this information by going to <http://dmas.kepro.com>.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO’s Provider Portal, effective October 31, 2011 at <http://dmas.kepro.com>

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.